

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Kidney Centers  
Managed Care Carriers  
CSO Administrators  
Regional Administrators

**Memorandum No: 03-48 MAA**  
**Issued:** June 30, 2003

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes:** 02-46 MAA  
02-70 MAA

**Subject: Kidney Center Program: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2003**, the Medical Assistance Administration (MAA) will implement:

- The Year 2003 additions of Current Procedural Terminology (CPT™) codes;
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; and
- Technical Changes.

### **Maximum Allowable Fees**

The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. Therefore, the composite rates for dialysis services will remain at their current levels.

### **Technical Changes**

**Effective for dates of service on and after July 1, 2003**, MAA will reimburse Kidney Centers for injectable drugs using a maximum allowable fee schedule. In most cases, the maximum allowable fee is based on 86% of the Average Wholesale Price (AWP) for the injectable drug, as determined by Medicare. MAA will update the maximum allowable fee schedule for injectable drugs on a quarterly basis. These updates will be available online only at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules, then Quarterly Drug Updates).

When billing MAA for an injectable drug using revenue code 636, the HCPCS code of the drug given must be identified on the UB-92 claim form. MAA will reimburse the Kidney Center using the maximum allowable amount for the HCPCS code identified.

When billing MAA for Epoetin Alpha (EPO) using revenue codes 634 or 635, one billing unit is equal to each 1,000 units of EPO given (1 billing unit = 1,000 units of EPO). Payment is based on the maximum allowable fee for each billing unit of revenue codes 634 or 635.

### **Identification of National Drug Codes (NDC)**

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standard set of procedure codes. MAA is currently upgrading its claims processing system to accommodate these changes. The upcoming HIPAA-compliant electronic claim form will have a field for reporting the NDC of any injectable drugs dispensed by the Kidney Center. **Effective with dates of service on and after October 16, 2003, MAA will require this field to be completed in order to reimburse providers for injectable drugs.**

Attached are updated replacement pages 7-10e for MAA's Kidney Center Program Billing Instructions, dated August 2000. To obtain this document electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link, click on Billing Instructions).

Please bill MAA your usual and customary fee.

# Coverage

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## What is covered?

The Medical Assistance Administration (MAA) covers the services listed in the fee schedule of these billing instructions.

## What is not covered?

MAA does **NOT** cover the following services under the **Kidney Center Program**:

- Enteral Nutrition - MAA publishes separate billing instructions for these services. Only pharmacies or durable medical equipment (DME) providers may supply medical nutrition products. MAA does not require prior authorization for dialysis clients.
- Personal Care Items - Slippers, toothbrushes, combs, etc.
- Additional Personnel Charges - Payment includes kidney dialysis service charges (only home dialysis assistant/helper services are considered separate).
- Take Home Drugs - Take home drugs must be billed by a pharmacy subject to pharmacy pricing methodology outlined in MAA's Prescription Drug Program Billing Instructions. This includes immunosuppressive drugs after coverage by Medicare has ended.
- Telephone/Telegraph
- Transportation (Covered through the MAA Non-Ambulance Transportation Program only when prior authorized by the MAA-contracted transportation broker.)
- Television/Radio Rentals
- Freight Charges



**Note:** Services that are **NOT** covered by Medicare must be billed on a separate UB-92 claim form. (Do not include noncovered Medicare services on a claim with services that **ARE** covered by Medicare).

# Fee Schedule

## Procedure Codes

### Procedure Codes for Blood Processing Used in Outpatient Blood Transfusions



**Please note the following items:**

- MAA does not reimburse providers for blood and blood products.
- Reimbursement is limited to blood bank service charges for processing the blood and blood products (refer to WAC 388-550-6500).
- The codes listed below must be used to represent the following costs: 1) blood processing and other fees assessed by non-profit blood centers that do not charge for the blood or blood products themselves; or 2) costs incurred by a center to administer its in-house blood procurement program. However, these costs must not include any staff time used to administer blood.



Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9010	Blood (whole), for transfusion, per unit	\$55.10
P9011	Blood (split unit), specify amount	By Report
P9012	Cryoprecipitate, each unit	26.20
P9016	Red blood cells, leukocytes reduced, each unit	45.53
P9017	Fresh frozen plasma (single donor), each unit	47.82
P9019	Platelets, each unit	By Report
P9020	Platelet rich plasma, each unit	By Report
P9021	Red blood cells, each unit	66.64
P9022	Red blood cells, washed, each unit	20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	By Report
P9031	Platelets, leukocytes reduced, each unit	By Report
P9032	Platelets, irradiated, each unit	By Report
P9033	Platelets, leukocytes reduced, irradiated, each unit	By Report
P9034	Platelets, pheresis, each unit	By Report

Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9035	Platelets, pheresis, leukocytes reduced, each unit	By Report
P9036	Platelets, pheresis, irradiated, each unit	By Report
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	By Report
P9038	Red blood cells, irradiated, each unit	By Report
P9039	Red blood cells, deglycerolized, each unit	By Report
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	By Report
P9041	Infusion, albumin (human), 5%, 50 ml	\$13.16
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	13.16
P9044	Plasma, cryoprecipitate reduced, each unit	By Report
P9045	Infusion, albumin (human), 5%, 250 ml	53.24
P9046	Infusion, albumin (human), 25%, 20ml	13.16
P9047	Infusion, albumin (human). 25%, 50ml	53.24
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	34.94
P9050	Granulocytes, pheresis, each unit	By Report

## Revenue Codes

Revenue Code	Description	Maximum Allowable Fee
<b><u>Pharmacy</u></b>		
250*	Immunosuppressive drugs	By Report
260	Administration of drugs by IV/intra muscular (non-renal related and/or not covered by Medicare).	By Report
<b><u>Medical/Surgical Supplies and Devices</u></b>		
270*	Medical/surgical supplies and devices (For supplies used to administer blood, use revenue code 636 with P9006.)	\$.50/per supply package
<b><u>Laboratory</u></b>		
303	Laboratory, renal patient (home)	By Report
304	Laboratory, non-routine dialysis	By Report

\* For clients who have dual coverage (Medicare/Medicaid) the asterisked (\*) drugs, supplies, and services must first be billed to Medicare.

Revenue Code	Description	Maximum Allowable Fee	
<b><u>Epoetin Alpha (EPO)</u></b>			
	 <b>Note:</b> When billing with revenue codes 634 and 635, each billing unit reported on the claim form represents 1,000 units of EPO given.		
634*	Erythropoietin (EPO) less than 10,000 units	\$11.89	
635*	Erythropoietin (EPO) 10,000 or more units	11.89	
<b><u>Other Drugs Requiring Specific Identification</u></b>			
636*	Administration of drugs (bill number of units based on the description of the drug code)  <b>Note:</b> In order to receive payment for revenue code 636, the procedure code of the specific drug given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those drugs listed below</u> .		
Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
90657	Flu vaccine, 6-35 mo, im		2.59
90658	Flu vaccine, 3 yrs, im		4.04
90659	Flu vaccine, whole, im		2.59
90732	Pneumococcal vaccine		11.86
90747	Immunization, Active: Hepatitis B Vaccine	40 mcg	100.41
J0280	Injection, aminophyllin	250 mg	0.95
J0285	Amphotericin	50 mg	10.01
J0290	Ampicillin Sodium	500mg	1.49
J0295	Ampicillin Sodim/Sulbactam sodium	1.5 g	6.72
J0360	Injection, hydralazine HCl	20 mg	14.52
J0530	Penicillin G Benzathine and procaine	600,000u	10.79
J0610	Calcium Gluconate	10ml	0.92
J0630	Calcitonin Salmon	400u	34.77
J0636	Calcitriol	0.1mcg	1.25
J0640	Leucovorin Calcium	50 mg	15.86
J0690	Cefazolin Sodium	500mg	1.58
J0694	Cefoxitin Sodium	1gm	9.68
J0696	Ceftriaxone Sodium	250mg	13.51
J0697	Cefuroxime Sodium	750mg	5.81
J0702	Betamethasone Acetane and Betamethasone Sodium Phosphate	3 mg	4.51
J0704	Betamethasone Sodium Phosphate	4 mg	0.97

\* For clients who have dual coverage (Medicare/Medicaid) the asterisk (\*) drugs, supplies, and services must be billed first by Medicare at 80%.

## Kidney Center Program


Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J0710	Cephapirin Sodium	1gm	\$1.41
J0713	Ceftazidime	500 mg	6.11
J0745	Codeine Phosphate	30mg	0.43
J0780	Prochlorperazine	10mg	4.44
J0895	Deferoxamine Mesylate	500mg	14.15
J0970	Estradiol Valerate	40mg	1.47
J1060	Testosterone Cypionate and Estradiol Cypionate	1 ml	4.21
J1070	Testosterone Cypionate	100 mg	4.66
J1080	Testosterone Cypionate, 1 cc	200 mg	8.09
J1094	Dexamethasone Acetate	1 mg	0.64
J1160	Digoxin	0.5 mg	1.62
J1165	Phenytoin Sodium	50mg	0.78
J1170	Hydromorphone	4mg	1.35
J1200	Diphenhydramine HCl	50 mg	1.46
J1240	Dimenhydrinate	50mg	0.34
J1580	Gentamicin Sulfate	80mg	1.60
J1630	Haloperidol	5 mg	6.45
J1631	Haloperidol Decanoate	50 mg	22.58
J1645	Dalteparin Sodium	2500 IU	10.26
J1720	Hydrocortisone Sodium Succinate	100mg	1.57
J1750	Iron Dextran	50 mg	16.21
J1756	Injection of Iron Sucrose	1 mg	0.60
J1790	Droperidol	5mg	2.54
J1800	Propranolol HCl	1 mg	10.53
J1840	Kanamycin Sulfate	500mg	2.98
J1885	Ketorolac Tromethamine	15 mg	5.21
J1890	Cephalothin Sodium	1gm	9.29
J1940	Furosemide	20mg	0.91
J1955	Levocarnitine	1 gm	30.96
J1990	Chlordiazepoxide HCl	100 mg	22.62
J2000	Lidocaine HCl	50cc	1.07
J2060	Lorazepam	2 mg	2.84
J2150	Mannitol 25%	50 ml	2.74
J2175	Meperidine HCl	100mg	0.51
J2270	Morphine Sulfate	10mg	0.65
J2275	Morphine Sulfate (sterile solution)	10 mg	2.15
J2320	Nandrolone Decanoate	50mg	3.48
J2321	Nandrolone Decanoate	100mg	6.94
J2322	Nandrolone Decanoate	200mg	14.25

## Kidney Center Program

Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J2501	Paricalcitol	1 mcg	\$4.54
J2510	Penicillin G Procaine Aqueous	600,000u	8.19
J2540	Penicillin G Potassium	600,000u	0.26
J2550	Promethazine HCl	50mg	2.58
J2560	Phenobarbital Sodium	120mg	1.47
J2690	Procainamide HCl	1gm	1.38
J2700	Oxacillin Sodium	250mg	0.72
J2720	Protamine Sulfate	10mg	0.69
J2765	Metoclopramide HCl	10mg	1.87
J2800	Methocarbamol	10 ml	13.37
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection	12.5mg	7.40
J2920	Methylprednisolone Sodium Succinate	40 mg	1.43
J2930	Methylprednisolone Sodium Succinate	125 mg	1.74
J2995	Streptokinase	250,000 IU	80.62
J2997	Alteplase Recombinant	1 mg	32.25
J3000	Streptomycin	1gm	5.75
J3010	Fentanyl Citrate	0.1mg	0.84
J3070	Pentazocine HCl	30mg	4.73
J3120	Testosterone Enanthate	100mg	7.35
J3130	Testosterone Enanthate	200mg	14.71
J3230	Chlorpromazine HCl	50mg	3.98
J3250	Trimethobenzamide HCl	200mg	1.40
J3260	Tobramycin Sulfate	80mg	4.04
J3280	Thiethylperazine Maleate	10mg	3.93
J3301	Triamcinolone Acetonide	10 mg	1.38
J3360	Diazepam	5mg	0.88
J3364	Urokinase	5,000 IU vial	9.26
J3365	IV Urokinase	250,000 IU vial	463.04
J3370	Vancomycin HCl	500 mg	6.36
J3410	Hydroxyzine HCl	25 mg	1.10
J3420	Vitamin B-12 Cyanocobalamin	1,000 mcg	0.12
J3430	Phytonadione (Vitamin K)	1mg	2.19



# Kidney Center Program

Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J3490	Unclassified Drugs		Acquisition Cost
	 <b>Note:</b> The National Drug Code (NDC) number, strength, and dosage given must be included in the remarks section of the claim form when billing unlisted drug HCPCS code J3490.		
P9006	Supplies used to administer blood		Acquisition Cost

Revenue Code	Description	Maximum Allowable Fee
<b><u>EKG/ECG (Electrocardiogram) – Technical Portion Only</u></b>		
730*	General classification	By Report
<b><u>Hemodialysis – Outpatient or Home</u></b>		
821*	Hemodialysis/composite rate. Limited to 14 per client, per month. <b>(Do not bill in combination with 831, 841, 851, or 880.)</b>	\$197.45/per session
825	Support Services (Home Helper)	By Report
<b><u>Intermittent Peritoneal Dialysis – Outpatient or Home</u></b>		
831*	Peritoneal dialysis/composite rate. Limited to 14 per client, per month. <b>(Do not bill in combination with 821, 841, 851, or 880.)</b>	197.45/per session
835	Support Services (Home Helper)	By Report
<b><u>Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home</u></b>		
841*	CAPD/composite rate. Limited to 31 per client, per month. <b>(Do not bill in combination with 821, 831, 851, or 880.)</b>	84.62/per session
845	Support Services (Home Helper)	By Report
<b><u>Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</u></b>		
851	CCPD/composite rate. Limited to 31 per client, per month. <b>(Do not bill in combination with 821, 831, 841, or 880.)</b>	84.62/per session
855	Support Services (Home Helper)	By Report
<b><u>Miscellaneous Dialysis</u></b>		
880	General Classification/composite rate. Limited to 14 per client, per month. <b>(Do not bill in combination with 821, 831, 841, or 851.)</b>	197.45/per session
881	Ultrafiltration	By Report

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